

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 02/02/11

Address: 1513 S ST JAMES BLVD

Case #: 11-2023

EVANSVILLE, IN

County: VANDERBURGH

47714

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ Lithium/Ammonia Reaction(s): ONE POT
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: KITCHEN
☒ Water Reactive Metal (Lithium): ONE POT
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Anhydrous Ammonia: _____
☒ Corrosive Acid: BEDROOM
☒ Corrosive Base: KITCHEN
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

☐ Yes _____ (number present)

☒ No

☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray ☐ unclean

Estimated length of time manufacturing had been occurring: _____

Additional Information: _____

This report has been faxed to the following agencies that serve the location:

Fire Department: YES

Fax: 8124356248

Health Department: YES

Fax: 8124355871

Department of Child Services: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: GOERGEN

Phone 436-7956

** This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.